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CONFIRMATION NO. 4017

<b>SERIAL NUMBER</b> 10/823,427	<b>FILING OR 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> A04P1032	
<b>APPLICANTS</b> Mark W. Kroll, Simi Valley, CA; <b>** CONTINUING DATA *****</b> <i>HKH</i> <b>** FOREIGN APPLICATIONS *****</b> <i>HKH</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/25/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 36802					
<b>TITLE</b> Implantable device that diagnoses ischemia and myocardial infarction and method					
<b>FILING FEE RECEIVED</b> 1606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		